Please type a plus sign (+) insi	de this box \longrightarrow $+$	Δn	amued for use t	PTC hrough 9/30/00.	0/\$8/01 {12-9	97)		
Under the Paperwork Re a valid OMB control num	eduction Act of 1995, no persi	Patent and Tradem	ark Office U.S.	THE ADTMENT O	TE COMMEN	or		
DEGI ADATION	COD UTU ITV O	Attorney Dock	et Number	sparta01	200			
	FOR UTILITY O SIGN	First Named In	ventor	Ran J. I	lam			
1	PPLICATION	c	OMPLETE I	F KNOWN	****			
(37 CI	FR 1.63)	Application Nu	mber	/				
		Filing Date	Filing Date					
Declaration Submitted OR	Declaration Submitted after Init	al Group Art Unit	Art Unit					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	Examiner Name					
As a below named inve	ntor, I hereby declare that:							
My residence, post office	address, and citizenship are	as stated below next to m	y name.					
I believe I am the original	. first and sole inventor (if only	v one name as listed below	Ouran original	first and root inve	intos (if olumi			
(taining and invest or low) o	the subject matter which is	claimed and for which a pi	atent is sought o	on the invention e	ntilled			
CONFIGURING A	CTIVITIES TO PE	RFORM OPERATIO	ONS ON US	SER-DEFINE	ED ED			
the specification of which	h (Title	e of the Invention)						
is attached hereto								
was filed on (MM/I	DD/YYYY)	as Unite	d States Applic	ation Number or I	PCT Internation	onal		
Application Number	and we	as amended on (MM/DD/)			(if applicat			
I hereby state that I have n	eviewed and understand the	contents of the above iden	,	on, including the		,40)		
amended by any amending	and apecinically referred to app	ove			oranna, as			
l acknowledge the duty to	disclose information which is a	material to patentability as	defined in 37 C	FR 1 55				
I hereby claim foreign pnor certificate, or 365(a) of any America, listed below and hi or of any PCT international a	ity benefits under 35 U.S.C. PCT international application ave also identified bolow, by o application having a filing date	119(a)-(d) or 385(b) of a n which designated at le- chocking the box, any for- before that of the applica	ny foreign appl ast one country ign apple alion f lion on which pi	ication(s) for pate other than the L for patent or inver- rionly is claimed.	ent or inventor Inded States Nor's certificat	r's of te,		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		py Attached:	7		
1								
					H			
Additional foreign applica	ation numbers are listed on a	Supplemental provide data	sheet PTO/co/	M2B attached to-	ota			
hereby claim the benefit i	inder 35 U S C. 119(e) of any	United States provisional	application(s) li	sted below	am,			
Application Number	(9) Filing Date	(MM/DD/YYYY)						
60/225,712 12/15/2000 Additional provisional application numbers are listed on a								
			suppi	emental priority	data sheet			
			PTO	SB/02B attache	ed hereto.			
<u> </u>		(Paus 1 of 9)	· · · · · · · · · · · · · · · · · · ·		*			
Burden Hour Statement Individual case Any comm	This form is estimated to tak	[Page 1 of 2] ke 0.4 hours to complete	. Time will yar	y dopending upo	n the needs	of the		
Officer, Palent and Trade ADDRESS SEND TO Ass	ents on the amount of time of mark Office. Washington, I stant Commissioner for Pate	DC 20231 DO NOT SE ints, Washington, DC 2023	eus ionn sh END FEES OR 31.	COMPLETED	e Chief Inform FORMS TO	nation THIS		

Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will very depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<u> </u>	PTÖ/\$B/01 (12-97)
Please type a plus sign (+) inside this box 🔫 🕒	Approved for use through 9/30/00, OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons	are required to respond to a collection of Information unless it contains

		OMB control nu		// CAN	01 1330, 1	no persorie	alo iv	quirea to	төөрспа	3 (O a (, (m, cm)		TOTHAGON GINGS	3 11 (1.0)11(2)	
DE	CLA	RATIO	N	<u> - U</u>	tilit	y or	De:	sigr	ı Pa	ite	nt /	/pr	olicatio	n_	
United States United States information wh	of Americ or PCT In schus ma	lit under 35 U.S ca, listed below ternational appli terial to patenta international fili	and, bis cation in bility as	ofar a the m define	s the sub anner pro id in 37 C	pect matte ovided by t SFR 1.56 o	rofea	ch of the	claims	of this	s applic	ation is	s not disclosed	in the or	
U.S. Parent Application or PCT Parent Number						t	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
09/930,	698				-			5/20					1. approun	,	
Not yet		m					i .	7/20							
Additiona	U.S or F	CT internationa	l applica	tion nu	imbers ar	re listed or	l a supr	dementa	priority	dala s	theel P	ro/sa	/02B altached h	ereto.	
As a named in	enfor, Lh	ereby appoint th	e follow	na tea	istered o	ractitionen									
and Trademark	Office co	nnocted therew	th: 🔀	Custo OR	mer Num	ber	25	247						Piece Customer Number Ber Code	
			X	Regis	tered pra	cliboner(s	name/	registrati	on numb	ber list	ed helo	<u>" L</u>	Labelhe		
	Nam	0			Regist Num	tration				Name				tration mber	
Cordon	E. Ne	≥lson		30	,093										
Additional	registere	practitioner(s)	named o	n <u>sup</u> r	olemental	Registere	d Pract	itioner In	formatio	an she	et PTQ/	SB/02	C attached here	ito.	
Direct all con	espond	ance to X	Custom or Bar (2524	7		OR	<u>x</u> ₁ c₀	uesb	ondence add	ress belo	
Name	Gor	don E. Ne	lson												
Address	57	Central S	St.,	P.O	, Вох	782									
Address						·	_			Т					
City	Rowl	еу					S	ate	MΛ	A ZIP 019			969		
Country				Т	elephor	1e 978	-948	Lax					-866-723 - 0359		
policived to be punishable by	true, and tine or in	I statements ma I further that the aprisonment, or I assued thoropa	ese state both, ui	amants	s were (i)	lade with	tha kno	wiedoa i	inal willi	iul fals	alele a	mente	and the like or	s mada a	
Name of Se	ole or f	irst Invento	rt			_		A petitio	n has b	een f	iled for	this u	unsigned invo	ntor	
G	ven Nar	ne (first and m	iddle (f	any])					E	amily	Name	or Su	mame		
Ran J.		-	Α,		Λ		F.	lam						,	
inventor's Signature		10	ι ,	7	(Su	Mer							Date	12/13	
Residence: (Residence: City Port. Monmouth State NJ				NJ	Ç	ountry	ŲS		.,_		Citizenship	US		
Post Office A	ddress	50 Rava	tt Ro	1.		-					4-			,	
Post Office A	ddress	-										_			
City Por	. Mon	mouth	State	NJ		ZIP	. 0	7758			Cour	ntry	UЛ		
Additional	invento	rs are being n	amed o	n the	1 sur	polement	al Add	itional I	nventor	r(s) st	seet(s)	PTO/	/SB/02A aft≃c	hed her	

PTC/SB/02A (10-00)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATI	ON		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1						
Name of Additional Joint Invent	or, if any:		A petition has	s been filed fo	or this unsigne	d inventor			
Steven R. Given Name		Cagle Family Name or Surname							
inventor's Signature	·3				Date	12/13/01			
Red Bank Residence: City	NJ Stat		SA ountry		0				
12 Kimberly Ct., Apt. #60 Mailing Address		· · · · · · · · · · · · · · · · · · ·							
Mailing Address									
_{city} Red Bank	NJ State	0 e Z	7701 iP	Cou	ıntry				
Name of Additional Joint Invent	or, if any:		A petition has	been filed for	this unsigned	Inventor			
Given Name			amily Name r Surname						
Inventor's Signature		Date							
Residence: City	Stat	te C	ountry	ılp					
Mailing Address									
Mailing Address									
City	Stat	e ž	ZIP Country						
Name of Additional Joint Invent	or, if any:		petition has b	een filed for I	this unsigned i	nventor			
Given Family Name Name or Surname									
Inventor's Signature					Date				
Residence: City	State		Country		Çitizens	hip			
Mailing Address									
Malling Address									
City	State		ZIP		Country				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.